

1 AN ACT relating to public health.

2 Be it enacted by the People of the State of Illinois,  
3 represented in the General Assembly:

4 Section 5. The Alternative Health Care Delivery Act is  
5 amended by changing Sections 30 and 35 as follows:

6 (210 ILCS 3/30)

7 Sec. 30. Demonstration program requirements. The  
8 requirements set forth in this Section shall apply to  
9 demonstration programs.

10 (a) There shall be no more than:

11 (i) 3 subacute care hospital alternative health  
12 care models in the City of Chicago (one of which shall be  
13 located on a designated site and shall have been licensed  
14 as a hospital under the Illinois Hospital Licensing Act  
15 within the 10 years immediately before the application  
16 for a license);

17 (ii) 2 subacute care hospital alternative health  
18 care models in the demonstration program for each of the  
19 following areas:

20 (1) Cook County outside the City of Chicago.

21 (2) DuPage, Kane, Lake, McHenry, and Will  
22 Counties.

23 (3) Municipalities with a population greater  
24 than 50,000 not located in the areas described in  
25 item (i) of subsection (a) and paragraphs (1) and  
26 (2) of item (ii) of subsection (a); and

27 (iii) 4 subacute care hospital alternative health  
28 care models in the demonstration program for rural areas.

29 In selecting among applicants for these licenses in rural  
30 areas, the Health Facilities Planning Board and the  
31 Department shall give preference to hospitals that may be

1 unable for economic reasons to provide continued service to  
2 the community in which they are located unless the hospital  
3 were to receive an alternative health care model license.

4 (a-5) There shall be no more than a total of 12  
5 postsurgical recovery care center alternative health care  
6 models in the demonstration program, located as follows:

7 (1) Two in the City of Chicago.

8 (2) Two in Cook County outside the City of Chicago.

9 At least one of these shall be owned or operated by a  
10 hospital devoted exclusively to caring for children.

11 (3) Two in Kane, Lake, and McHenry Counties.

12 (4) Four in municipalities with a population of  
13 50,000 or more not located in the areas described in  
14 paragraphs (1), (2), and (3), 3 of which shall be owned  
15 or operated by hospitals, at least 2 of which shall be  
16 located in counties with a population of less than  
17 175,000, according to the most recent decennial census  
18 for which data are available, and one of which shall be  
19 owned or operated by an ambulatory surgical treatment  
20 center.

21 (5) Two in rural areas, both of which shall be  
22 owned or operated by hospitals.

23 There shall be no postsurgical recovery care center  
24 alternative health care models located in counties with  
25 populations greater than 600,000 but less than 1,000,000. A  
26 proposed postsurgical recovery care center must be owned or  
27 operated by a hospital if it is to be located within, or will  
28 primarily serve the residents of, a health service area in  
29 which more than 60% of the gross patient revenue of the  
30 hospitals within that health service area are derived from  
31 Medicaid and Medicare, according to the most recently  
32 available calendar year data from the Illinois Health Care  
33 Cost Containment Council. Nothing in this paragraph shall  
34 preclude a hospital and an ambulatory surgical treatment

1 center from forming a joint venture or developing a  
2 collaborative agreement to own or operate a postsurgical  
3 recovery care center.

4 (a-10) There shall be no more than a total of 8  
5 children's respite care center alternative health care models  
6 in the demonstration program, which shall be located as  
7 follows:

8 (1) One in the City of Chicago.

9 (2) One in Cook County outside the City of Chicago.

10 (3) A total of 2 in the area comprised of DuPage,  
11 Kane, Lake, McHenry, and Will counties.

12 (4) A total of 2 in municipalities with a  
13 population of 50,000 or more and not located in the  
14 areas described in paragraphs (1), (2), or (3).

15 (5) A total of 2 in rural areas, as defined by the  
16 Health Facilities Planning Board.

17 No more than one children's respite care model owned and  
18 operated by a licensed skilled pediatric facility shall be  
19 located in each of the areas designated in this subsection  
20 (a-10).

21 (a-15) There shall be an authorized community-based  
22 residential rehabilitation center alternative health care  
23 model in the demonstration program. The community-based  
24 residential rehabilitation center shall be located in the  
25 area of Illinois south of Interstate Highway 70.

26 (a-20) There shall be an authorized Alzheimer's disease  
27 management center alternative health care model in the  
28 demonstration program. The Alzheimer's disease management  
29 center shall be located in Will County, owned by a  
30 not-for-profit entity, and endorsed by a resolution approved  
31 by the county board before the effective date of this  
32 amendatory Act of the 91st General Assembly.

33 (a-25) There shall be no more than 2 committed persons  
34 skilled nursing facility alternative health care models in

1 the demonstration program, which shall be located as follows:

2 (1) One in Cook County.

3 (2) One located outside Cook, DuPage, Kane, Lake,  
4 McHenry, and Will Counties.

5 (b) Alternative health care models, other than a model  
6 authorized under subsection (a-20), shall obtain a  
7 certificate of need from the Illinois Health Facilities  
8 Planning Board under the Illinois Health Facilities Planning  
9 Act before receiving a license by the Department. If, after  
10 obtaining its initial certificate of need, an alternative  
11 health care delivery model that is a community based  
12 residential rehabilitation center seeks to increase the bed  
13 capacity of that center, it must obtain a certificate of need  
14 from the Illinois Health Facilities Planning Board before  
15 increasing the bed capacity. Alternative health care models  
16 in medically underserved areas shall receive priority in  
17 obtaining a certificate of need.

18 (c) An alternative health care model license shall be  
19 issued for a period of one year and shall be annually renewed  
20 if the facility or program is in substantial compliance with  
21 the Department's rules adopted under this Act. A licensed  
22 alternative health care model that continues to be in  
23 substantial compliance after the conclusion of the  
24 demonstration program shall be eligible for annual renewals  
25 unless and until a different licensure program for that type  
26 of health care model is established by legislation. The  
27 Department may issue a provisional license to any alternative  
28 health care model that does not substantially comply with the  
29 provisions of this Act and the rules adopted under this Act  
30 if (i) the Department finds that the alternative health care  
31 model has undertaken changes and corrections which upon  
32 completion will render the alternative health care model in  
33 substantial compliance with this Act and rules and (ii) the  
34 health and safety of the patients of the alternative health

1 care model will be protected during the period for which the  
2 provisional license is issued. The Department shall advise  
3 the licensee of the conditions under which the provisional  
4 license is issued, including the manner in which the  
5 alternative health care model fails to comply with the  
6 provisions of this Act and rules, and the time within which  
7 the changes and corrections necessary for the alternative  
8 health care model to substantially comply with this Act and  
9 rules shall be completed.

10 (d) Alternative health care models shall seek  
11 certification under Titles XVIII and XIX of the federal  
12 Social Security Act. In addition, alternative health care  
13 models shall provide charitable care consistent with that  
14 provided by comparable health care providers in the  
15 geographic area.

16 (d-5) The Illinois Department of Public Aid, in  
17 cooperation with the Illinois Department of Public Health,  
18 shall develop and implement a reimbursement methodology for  
19 all facilities participating in the demonstration program.  
20 The Illinois Department of Public Aid shall keep a record of  
21 services provided under the demonstration program to  
22 recipients of medical assistance under the Illinois Public  
23 Aid Code and shall submit an annual report of that  
24 information to the Illinois Department of Public Health.

25 (e) Alternative health care models shall, to the extent  
26 possible, link and integrate their services with nearby  
27 health care facilities.

28 (f) Each alternative health care model shall implement a  
29 quality assurance program with measurable benefits and at  
30 reasonable cost.

31 (Source: P.A. 91-65, eff. 7-9-99; 91-838, eff. 6-16-00.)

32 (210 ILCS 3/35)

33 Sec. 35. Alternative health care models authorized.

1 Notwithstanding any other law to the contrary, alternative  
2 health care models described in this Section may be  
3 established on a demonstration basis.

4 (1) Alternative health care model; subacute care  
5 hospital. A subacute care hospital is a designated site  
6 which provides medical specialty care for patients who  
7 need a greater intensity or complexity of care than  
8 generally provided in a skilled nursing facility but who  
9 no longer require acute hospital care. The average length  
10 of stay for patients treated in subacute care hospitals  
11 shall not be less than 20 days, and for individual  
12 patients, the expected length of stay at the time of  
13 admission shall not be less than 10 days. Variations  
14 from minimum lengths of stay shall be reported to the  
15 Department. There shall be no more than 13 subacute care  
16 hospitals authorized to operate by the Department.  
17 Subacute care includes physician supervision, registered  
18 nursing, and physiological monitoring on a continual  
19 basis. A subacute care hospital is either a freestanding  
20 building or a distinct physical and operational entity  
21 within a hospital or nursing home building. A subacute  
22 care hospital shall only consist of beds currently  
23 existing in licensed hospitals or skilled nursing  
24 facilities, except, in the City of Chicago, on a  
25 designated site that was licensed as a hospital under the  
26 Illinois Hospital Licensing Act within the 10 years  
27 immediately before the application for an alternative  
28 health care model license. During the period of operation  
29 of the demonstration project, the existing licensed beds  
30 shall remain licensed as hospital or skilled nursing  
31 facility beds as well as being licensed under this Act.  
32 In order to handle cases of complications, emergencies,  
33 or exigent circumstances, a subacute care hospital shall  
34 maintain a contractual relationship, including a transfer

1 agreement, with a general acute care hospital. If a  
2 subacute care model is located in a general acute care  
3 hospital, it shall utilize all or a portion of the bed  
4 capacity of that existing hospital. In no event shall a  
5 subacute care hospital use the word "hospital" in its  
6 advertising or marketing activities or represent or hold  
7 itself out to the public as a general acute care  
8 hospital.

9 (2) Alternative health care delivery model;  
10 postsurgical recovery care center. A postsurgical  
11 recovery care center is a designated site which provides  
12 postsurgical recovery care for generally healthy patients  
13 undergoing surgical procedures that require overnight  
14 nursing care, pain control, or observation that would  
15 otherwise be provided in an inpatient setting. A  
16 postsurgical recovery care center is either freestanding  
17 or a defined unit of an ambulatory surgical treatment  
18 center or hospital. No facility, or portion of a  
19 facility, may participate in a demonstration program as a  
20 postsurgical recovery care center unless the facility has  
21 been licensed as an ambulatory surgical treatment center  
22 or hospital for at least 2 years before August 20, 1993  
23 (the effective date of Public Act 88-441). The maximum  
24 length of stay for patients in a postsurgical recovery  
25 care center is not to exceed 48 hours unless the treating  
26 physician requests an extension of time from the recovery  
27 center's medical director on the basis of medical or  
28 clinical documentation that an additional care period is  
29 required for the recovery of a patient and the medical  
30 director approves the extension of time. In no case,  
31 however, shall a patient's length of stay in a  
32 postsurgical recovery care center be longer than 72  
33 hours. If a patient requires an additional care period  
34 after the expiration of the 72-hour limit, the patient

1 shall be transferred to an appropriate facility. Reports  
2 on variances from the 48-hour limit shall be sent to the  
3 Department for its evaluation. The reports shall, before  
4 submission to the Department, have removed from them all  
5 patient and physician identifiers. In order to handle  
6 cases of complications, emergencies, or exigent  
7 circumstances, every postsurgical recovery care center as  
8 defined in this paragraph shall maintain a contractual  
9 relationship, including a transfer agreement, with a  
10 general acute care hospital. A postsurgical recovery  
11 care center shall be no larger than 20 beds. A  
12 postsurgical recovery care center shall be located within  
13 15 minutes travel time from the general acute care  
14 hospital with which the center maintains a contractual  
15 relationship, including a transfer agreement, as required  
16 under this paragraph.

17 No postsurgical recovery care center shall  
18 discriminate against any patient requiring treatment  
19 because of the source of payment for services, including  
20 Medicare and Medicaid recipients.

21 The Department shall adopt rules to implement the  
22 provisions of Public Act 88-441 concerning postsurgical  
23 recovery care centers within 9 months after August 20,  
24 1993.

25 (3) Alternative health care delivery model;  
26 children's respite care center. A children's respite  
27 care center model is a designated site that provides  
28 respite for medically frail, technologically dependent,  
29 clinically stable children, up to age 18, for a period of  
30 one to 14 days. This care is to be provided in a  
31 home-like environment that serves no more than 10  
32 children at a time. Children's respite care center  
33 services must be available through the model to all  
34 families, including those whose care is paid for through

1 the Illinois Department of Public Aid or the Illinois  
2 Department of Children and Family Services. Each respite  
3 care model location shall be a facility physically  
4 separate and apart from any other facility licensed by  
5 the Department of Public Health under this or any other  
6 Act and shall provide, at a minimum, the following  
7 services: out-of-home respite care; hospital to home  
8 training for families and caregivers; short term  
9 transitional care to facilitate placement and training  
10 for foster care parents; parent and family support  
11 groups.

12 Coverage for the services provided by the Illinois  
13 Department of Public Aid under this paragraph (3) is  
14 contingent upon federal waiver approval and is provided  
15 only to Medicaid eligible clients participating in the  
16 home and community based services waiver designated in  
17 Section 1915(c) of the Social Security Act for medically  
18 frail and technologically dependent children.

19 (4) Alternative health care delivery model;  
20 community based residential rehabilitation center. A  
21 community-based residential rehabilitation center model  
22 is a designated site that provides rehabilitation or  
23 support, or both, for persons who have experienced severe  
24 brain injury, who are medically stable, and who no longer  
25 require acute rehabilitative care or intense medical or  
26 nursing services. The average length of stay in a  
27 community-based residential rehabilitation center shall  
28 not exceed 4 months. As an integral part of the services  
29 provided, individuals are housed in a supervised living  
30 setting while having immediate access to the community.  
31 The residential rehabilitation center authorized by the  
32 Department may have more than one residence included  
33 under the license. A residence may be no larger than 12  
34 beds and shall be located as an integral part of the

1 community. Day treatment or individualized outpatient  
2 services shall be provided for persons who reside in  
3 their own home. Functional outcome goals shall be  
4 established for each individual. Services shall include,  
5 but are not limited to, case management, training and  
6 assistance with activities of daily living, nursing  
7 consultation, traditional therapies (physical,  
8 occupational, speech), functional interventions in the  
9 residence and community (job placement, shopping,  
10 banking, recreation), counseling, self-management  
11 strategies, productive activities, and multiple  
12 opportunities for skill acquisition and practice  
13 throughout the day. The design of individualized program  
14 plans shall be consistent with the outcome goals that are  
15 established for each resident. The programs provided in  
16 this setting shall be accredited by the Commission on  
17 Accreditation of Rehabilitation Facilities (CARF). The  
18 program shall have been accredited by CARF as a Brain  
19 Injury Community-Integrative Program for at least 3  
20 years.

21 (5) Alternative health care delivery model;  
22 Alzheimer's disease management center. An Alzheimer's  
23 disease management center model is a designated site that  
24 provides a safe and secure setting for care of persons  
25 diagnosed with Alzheimer's disease. An Alzheimer's  
26 disease management center model shall be a facility  
27 separate from any other facility licensed by the  
28 Department of Public Health under this or any other Act.  
29 An Alzheimer's disease management center shall conduct  
30 and document an assessment of each resident every 6  
31 months. The assessment shall include an evaluation of  
32 daily functioning, cognitive status, other medical  
33 conditions, and behavioral problems. An Alzheimer's  
34 disease management center shall develop and implement an

1 ongoing treatment plan for each resident. The treatment  
2 plan shall have defined goals. The Alzheimer's disease  
3 management center shall treat behavioral problems and  
4 mood disorders using nonpharmacologic approaches such as  
5 environmental modification, task simplification, and  
6 other appropriate activities. All staff must have  
7 necessary training to care for all stages of Alzheimer's  
8 Disease. An Alzheimer's disease management center shall  
9 provide education and support for residents and  
10 caregivers. The education and support shall include  
11 referrals to support organizations for educational  
12 materials on community resources, support groups, legal  
13 and financial issues, respite care, and future care needs  
14 and options. The education and support shall also  
15 include a discussion of the resident's need to make  
16 advance directives and to identify surrogates for medical  
17 and legal decision-making. The provisions of this  
18 paragraph establish the minimum level of services that  
19 must be provided by an Alzheimer's disease management  
20 center. An Alzheimer's disease management center model  
21 shall have no more than 100 residents. Nothing in this  
22 paragraph (5) shall be construed as prohibiting a person  
23 or facility from providing services and care to persons  
24 with Alzheimer's disease as otherwise authorized under  
25 State law.

26 (6) Alternative health care delivery model;  
27 committed persons skilled nursing facility. A committed  
28 persons skilled nursing facility model is a designated  
29 site that provides skilled nursing care for medically  
30 compromised or disabled committed persons in need of  
31 long-term nursing care. This care is to be provided in a  
32 skilled nursing home that meets the requirements of the  
33 Nursing Home Care Act, except that the provisions of  
34 Article II of the Nursing Home Care Act shall not apply

1 to committed persons, as defined in Section 3-1-2 of the  
2 Unified Code of Corrections, who reside in committed  
3 person skilled nursing facility model licensed under this  
4 Act. Committed persons are entitled to all rights and  
5 protections as provided under the Unified Code of  
6 Corrections and the Americans With Disabilities Act of  
7 1990 and the regulations promulgated pursuant thereto. A  
8 committed persons skilled nursing facility model shall be  
9 built as a nursing facility in accordance with applicable  
10 provisions of the National Fire Protection Association's  
11 Life Safety Code and shall provide, at a minimum, the  
12 following services: intermediate nursing and personal  
13 care, skilled nursing care, and assistance with daily  
14 living for its residents. The Department shall establish  
15 the standards for compliance and licensing of these  
16 facilities. Coverage for the services provided by the  
17 Department of Public Aid under this paragraph (6) is  
18 provided only to Medicaid eligible clients pursuant to  
19 Section 1905(a)(A) of the Social Security Act for  
20 otherwise Medicaid eligible committed persons transferred  
21 hereunder.

22 (Source: P.A. 91-65, eff. 7-9-99; 91-357, eff. 7-29-99;  
23 91-838, eff. 6-16-00.)

24 (730 ILCS 135/Act rep.)

25 Section 90. The Illinois Prison Inspection Act is  
26 repealed.

27 Section 99. Effective date. This Act takes effect upon  
28 becoming law.